



HAWAII STATE ETHICS COMMISSION
1001 BISHOP STREET, ASB TOWER 970
P.O. BOX 616, HONOLULU, HAWAII 96809
TEL: 587-0460 FAX: 587-0470
email: ethics@hawaiiethics.org

THIS SPACE FOR OFFICE USE ONLY

RECEIVED

05 JAN 11 10:39

STATE OF HAWAII
STATE ETHICS COMMISSION

R0001
HINSC
RAD

LOBBYIST REGISTRATION FORM

(Type or Print Clearly)

PART I LOBBYIST

NAME (Last)	(First)	(Middle)	TELEPHONE
Radcliffe	John	H.	531-4551
MAILING ADDRESS (Street)			FAX
222 S. Vineyard Blvd., Suite 401			533-4601
(City)	(State)	(Zip Code)	
Honolulu	HI	96813-2453	
EMPLOYING ORGANIZATION (Fill in only if you are employed by a business entity which has been retained to lobby)			TELEPHONE
MAILING ADDRESS (Street)			FAX
(City)	(State)	(Zip Code)	

PART II ORGANIZATION

NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate)	TELEPHONE	
Radcliffe & Associates	531-4551	
MAILING ADDRESS (Street)	FAX	
222 S. Vineyard Blvd., Suite 401	533-4601	
(City)	(State)	(Zip Code)
Honolulu	HI	96813-2453
NAME OF PERSON RESPONSIBLE FOR PREPARING ORGANIZATION'S EXPENDITURES STATEMENT	TELEPHONE	
John Radcliffe	531-4551	
MAILING ADDRESS (Street)	FAX	
222 S. Vineyard Blvd., Suite 401	533-4601	
(City)	(State)	(Zip Code)
Honolulu	HI	96813-2453

PART III DESCRIPTION OF SUBJECTS UPON WHICH YOU EXPECT TO LOBBY			
<input type="checkbox"/> Agriculture	<input type="checkbox"/> Education	<input type="checkbox"/> Human Services	<input type="checkbox"/> Science, Technology & Economic Development
<input type="checkbox"/> Communications & Public Utilities	<input checked="" type="checkbox"/> Government Operations & Finance	<input type="checkbox"/> Intergovernmental Relations, International Affairs	<input type="checkbox"/> Tourism & Recreation
<input checked="" type="checkbox"/> Consumer Protection & Commerce	<input type="checkbox"/> Hawaiian Affairs	<input checked="" type="checkbox"/> Labor & Employment	<input type="checkbox"/> Transportation
<input type="checkbox"/> Culture, Arts, Historic Preservation	<input type="checkbox"/> Health	<input type="checkbox"/> Planning, Land & Water Use Management	<input type="checkbox"/> Other: (indicate below)
<input type="checkbox"/> Ecology, Energy Environmental Protection	<input type="checkbox"/> Housing	<input type="checkbox"/> Public Safety & Corrections	_____

PART IV CERTIFICATION OF LOBBYIST	
I hereby certify that the information furnished above is, to the best of my knowledge, correct and complete.	
<u>John H. Badcliffe</u> (Signature of Lobbyist)	<u>10 Dec 2004</u> (Date)

PART V AUTHORIZATION TO LOBBY	
NAME <u>Alison Powers</u>	TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED <u>Executive Director</u>
NAME OF ORGANIZATION (if applicable) <u>Hawaii Insurers Council</u>	TELEPHONE <u>521-7233</u>
MAILING ADDRESS (Street) <u>Panahi Tower, Suite 2010</u> <u>1001 Bishop St.</u>	FAX <u>538-0055</u>
(City) <u>Honolulu</u>	(State) <u>HI</u>
(Zip Code) <u>96813-3695</u>	
I hereby authorize the above - named person to engage in lobbying activities on behalf of the undersigned.	
<u>Alison Powers</u> (Signature of Authorizing Officer or Person Represented)	<u>12-15-04</u> (Date)